

Fee Processing

(For Petitions Use Only)

App. No./Pat No.
10/526782
Atty Docket No./Cust. No.
Paper Rec'd Date
4-16-09
Form Completed
6-3-09

Check Amt. #1

Check Amt. #2

Deposit Acct.
13-2755

Fee Code	Fee Amt.	Paper #
1453	1,620.00	

Credit Card ☐ (See attached)

Refund ☒ (See attached)
 (PTO Employee - please circle the code(s) and amount(s) to be refunded/credited)

Change App No./Pat. No. ☐

From

To

Change Fee Code ☐

From Code	Amount

To Code	Amount	Paper #

Special Instructions:

 Initials (PTO Employee)

 Initials (Contractor)

 Date Processed

PLEASE REMOVE THIS FORM BEFORE SENDING FILE OUT OF THE OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>03-09</u>		2 Serial/Patent # <u>10/526782</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		<u>4/6-09</u>	<u>\$ 1,620.00</u>							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		<u>\$ 1,620.00</u>							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>			1	3	--	2	7	5	5
1	3	--	2	7	5	5					
10 REASON:											
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Michelle Eason</u>		TITLE: <u>Paralegal</u> <u>Petitions Examiner</u>									
SIGNATURE: <u>Michelle R. Eason</u>		PHONE: <u>571-272-4231</u>									
OFFICE: <u>Office of Petitions</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B